



COUNTY OF FAIRFAX
FIRE PREVENTION DIVISION
4100 Chain Bridge Road, 3rd Floor
Fairfax, Virginia 22030
(703) 246-4800

Account Number:	_____
Permit(s) Expire:	_____
Occupancy Load:	_____

APPLICATION FOR FIRE PREVENTION CODE PERMITS
FAIRFAX COUNTY FIRE PREVENTION DIVISION

Application is hereby made by the undersigned for a Permit(s) to conduct the following industry, trade, occupation, storage or use.

Fire Prevention Code(s) Applying For

AMOUNT DUE: _____

**RETURN WITH PAYMENT, MAKE CHECK PAYABLE TO
"THE COUNTY OF FAIRFAX"**

Business / Headquarters Name: _____

Billing Address: _____

All conditions, surroundings and arrangements are to be in accordance with the Fire Prevention Code.

I, _____, hereby accept full responsibility for the adherence to all requirements of the
Signature
Virginia Statewide Fire Prevention Code and the County of Fairfax Fire Prevention Code pertaining to the above application.

Inspection Location Name: _____

Inspection Location: _____

Name of Person Making Application _____

Printed Name

Telephone: _____

OFFICE USE ONLY

Mail To:

Inspector: _____

Date: _____